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STATEMENT OF **ORGANIZATION**

PAGE 1/4

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NAME OF	(Object 127 - 2000)	Francisco Area	Office Use Only 7 :- 7	
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	•
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is changed)	Washington , DC , 20005 , ,			
	CITY ▲		STATE ▲ ZIP CODE ▲	
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(Check if address is changed)	Imperia@conscivative	.org	<u> </u>	ليل
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IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
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certify that I have examined t	inis Statement and to the bes	st of my knowledge and belief	it is true, correct and complete.	
pe or Print Name of Treasure	er Melissa Pena			
pe of Fillit Haine of Heasun	<u></u>			<u>. </u>
ignature of Treasurer Meli	ssa Pena		Date 08 19 2014	*u*▼
OTE: Submission of false, error		n may subject the person signing	this Statement to the penalties of 2 U.S.C. §4	137g.
Office Use		For further information Federal Election Commis	ECL. EURIVI I	